

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner) (Mod 7/19)

UNITED STATES DISTRICT COURT

for the

Northern District of Oklahoma

FILED

SEP 29 2021

Mark C. McCartt, Clerk  
U.S. DISTRICT COURT

Case No. **21 CV - 422 GKF • SH**

(to be filled in by the Clerk's Office)

OHS MAYES

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

See attachment

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

☒ Mail ☐ No Cert Svc ☐ No Orig Sign

☐ C/J ☐ C/MJ ☐ C/Ret'd ☐ No En

☐ No Cpys ☒ No Env/Cpys ☐ O/J ☐ O/M

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

OHS MAYS

All other names by which  
you have been known:

ID Number

~~000000000000~~ 21013

Current Institution

Sherburne County Jail

Address

~~000000000000~~ 13880 Business Center Dr.

City

ELK RIVER

State

MN

Zip Code

55330

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name

Grady County Law Enforcement Center

Job or Title (*if known*)

Shield Number

Employer

~~000000000000~~ Grady County

Address

215 N. 3rd Street

Chickasha

OK

73018

City

State

Zip Code

☒ Individual capacity☒ Official capacity

## Defendant No. 2

Name

NYC

Job or Title (*if known*)

Sergeant

Shield Number

Unknown

Employer

Grady County Law Enforcement Center

Address

215 N. 3rd Street

Chickasha

OK

73018

City

State

Zip Code

☒ Individual capacity☒ Official capacity

OHS MAYS  
PLAINTIFF

V.

Grady County Law enforcement

SGT. NYE

SGT. Sheldon

Officer Riley

Officer Wright

Nurse

Medical

John doe #1

John doe #2

LT Tucker

LT Lance

John doe #3

John doe #4

Jane doe #1

Jane doe #2

Jane doe #3

Jane doe #4

Jane doe #5

LT Lenney

Dr. Maliki

Corporal Pinyu

Corporal Maples

Corporal Hanson

SGT. Tucker

CO Cude

CO Lenny

Capt Forsythe

Capt Carpenter

Grady County

~~State~~ Unknown medical company.

I am suing all defendants in their  
individual and official capacity.

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## Defendant No. 3

Name

Riley

Job or Title (if known)

CO or CSA

Shield Number

UNKNOWN

Employer

Grady County Law Enforcement Center

Address

215. N. 3rd Street

Chickasha

OK

73108

City

State

Zip Code

☒ Individual capacity☒ Official capacity

## Defendant No. 4

Name

CO Follower

Job or Title (if known)

Correctional Officer (CO)

Shield Number

UNKNOWN

Employer

Grady County Law Enforcement Center

Address

215. N 3rd Street

Chickasha

OK

73108

City

State

Zip Code

☒ Individual capacity☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☒ Other (explain) I'm being resentenced so I'm not sure

### IV. Statement of Claim

IF I'm pretrial detainee or a convicted federal prisoner.

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

See attached

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

see attached

C. What date and approximate time did the events giving rise to your claim(s) occur?

SEE Attachment

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SEE Attached

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

SEE Attached

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

SEE Attached

## Claim # 1

On 8- -21 I arrived at the Grady County Jail where an UNKNOWN medical department and staff such as Jane doe #1 and Jane doe #2 refused to give me my prescribed seizure medication. This went on for more than 3 days. On 8-18-21 I had a seizure.

## Claim #2

ON APPROXIMATELY 8-17/8-18-21 I WAS forced to sleep on a top bunk by Jail staff after I repeatedly told them I could not do so do to my seizure. I told CO Kelley, John doe #3, John doe #5, John doe #4 all that I had wrote medical multiple times and that medical also stated I WAS bottom bunk approved medically but the officer decline to move me to a bottom bunk. Then after I refused to continue to go up on the top bunk the officer PORCEMAN moved me to a 2 men cell and then forced me on another top bunk which I end up having

A seizure on 8-17 or 8-18 causes me to fall off the top bunk and injures my back, arm, eyes, shoulder, hand, tooth, head and back, insides. CO Pinyea Corporal and ~~Boon~~ another Corporal where the one that made me so into the 2 men cell.

Claim #3

On 8-16-21 I told June doe # dorms Evenings / night PM call that I had seizure but was not on a bottom bunk. She told the officer and he said he needs to find himself a bottom bunk then not my job. June doe said all I can do is ask them I can't make them give you a bottom bunk.

Claim #4

On 8-12-17. I was in my unit when I seen two inmates who also have seizure but where placed on top bunks instead of bottom bunks. Be forced to sit in lock down for refusing to continue to get on a top bunk.

The Grady county Jail has an unwritten

rule to place inmates that are listed as seizure to be place in danger by placing them on top bunks. I seen this happen to three different inmates.

### Claim #5

IN AUGUST OF 2021 I WAS SEEN BY JOHN DOE THE JAIL MEDICAL PROVIDER REGARDING MY INJURYS FROM MY FALL OFF TOP BUNK. HE STATED THAT HE WOULD PROVIDE ME WITH OAR GEL FOR MY CRACK TOOTH FOR THE PAIN ISSUE AND HAVE ME SEE A DENTIST AND ORDER ME TO HAVE X-RAY BECAUSE HE BELIEVE MY SHOULDER COULD HAVE BEEN FRACTURED OR DISLOCATED, PRESCRIBED ME PAIN PILLS, I NEVER HAD THE X-RAY HE ORDER NOR SEEN A DENTIST NOR GOT THE OAR GEL. I'VE HAD TO DEAL WITH GREAT PAIN EVERY TIME I EAT. MY SHOULDER IS VISIBLY OUT OF PLACE, MY TOOTH IS VISIBLY CHIPPED AND I STILL AM HAVING BLOOD IN MY URINE. I WROTE MULTIPLE REQUEST TO BE SEEN BUT WAS NEVER RESPONDED. THERE WAS A MALE CO AND FEMALE NURSING STAFF PRESENT ALSO.

Claim #6  
 From AUG-13 to SEP 15 I wrote multiple  
 request, grievances as well as verbally  
 talked to multiple jail staff such as  
 SGT. TUCKER, SGT. MYE, SGT. Sheldon, SGT  
 LT. Lanny, LT TUCKER, Capt Carpenter, Capt  
 Forsight, Corp Maples, Corp Haneson, Corp  
 K, Corp Pinyea, CO Lance, CO Riley,  
 CO Horton, CO Wrisht, CO Lannex,  
 JUNE doe 1-10 and John doe 1-10 all  
 regarding my Appeal I had been order to  
 type by the 8th Cir court of appeal. I  
 showed each of them the letter and  
 order from the court but everyone  
 ignored me or said that there was  
 nothing they could do to help me because  
 their LT. said I could not type it.  
 Even though LT. Lanny seen the order he  
 still denied me to type it. I was unable to  
 do my appeal.

Claim #7  
 From AUG-13 until SEP 15 I filed multiple  
 request and grievances to LT. Lanny and  
 Capt. Forsight asking to be allowed to  
 make a legal call but was denied to do  
 so because the phones in the housing  
 units would not work if it was a voice  
 prompt. I was unable to communicate with

MY COURT OF APPEALS OR THE DISTRICT COURT OR EVEN THE FEDERAL DEFENDERS OFFICE. All because they had voice prompts. The jail has other phones they allow legal calls from. Due to this I WAS UNABLE TO COMMUNICATE WITH MY COURT AND COULD NOT FILE MY <sup>TYPED</sup> APPEAL IN TIME LIKE THE COURT ORDERED.

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### Claim # 8

THE GRADY COUNTY JAIL AND ITS STAFF HAVE AN UNWRITTEN POLICY TO NOT GIVE AN INMATE A DISCIPLINARY HEARING IF THEY ARE GIVEN A DISCIPLINARY SANCTION. I ALONG WITH SEVERAL OTHER INMATES WERE GIVEN DISCIPLINARY CHARGES BUT NONE WERE GIVEN AN DISCIPLINARY HEARING. SST. WYATT TOLD ME THEY CAN DO WHATEVER THEY WANT THAT'S JUST HOW GRADY COUNTY DOES IT.

I WAS GIVEN A DISCIPLINARY SANCTION FOR REFUSING LEAVING A BUNK ASSIGNMENT. DO TO THE FACT THEY REPEATEDLY ATTEMPTED TO PUT ME ON A TOP BUNK. I WAS THEN PLACED IN A LOCK DOWN UNIT AND TOLD I WOULD BE THERE UNTIL I LEFT THE

deal.

## Claim # 9

ON APPROXIMATELY AUG 29th. I ~~was~~ refused a cell assignment due to the fact that I was being forced to be on a top bunk. Which put my health in jeopardy. So several jail staff came to the unit control room, CO Foller and some unknown jail staff. I told them I was not going into the cell because I had seizures and that I had already had one seizure and fell off a top bunk. CO Foller said he didn't care then him and other CO's forcibly grabbed me and forced me into the cell. While doing so I was punched by CO Foller multiple times.

Claims 6 and 7

I ASK that the COURT order the JAIL and all IT'S staff to follow all federal orders.

I ask that the jail pay for the attorney of my choice or supply me with one to help me get back into court so I can ~~be~~ continue my Appeal fight.

I ask that LT. O Lanny be suspended for 2 months without pay. or demoted.

~~I also ask that I be paid \$2,000.00~~ for All the legal material and money I will have to pay to do legal research and other legal expenses.

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Claim # 9

I would like \$500 and for CO Foller to be fired. I would also like for all the other officers involved to have to do sensitivity trainings. I would like the court to order foller to do anger management. I would also like Corporal Pmya demoted and or suspended without pay for 15 days.

# Relief

Claims # 1, 2, 3, 4,

I am requesting to be paid \$75,000.00 in punitive and \$75,000.00 in actual damages. Due to pain and suffering and medical bills I will incur to fix my medical issues.

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Claim 4.

I ask that the court issue an order stopping the jail from putting inmates on top bunks who have seizures.

I also ask for every officer who was involved with placing me or other inmates on top bunks to be suspended without pay for 2 months and have to write all inmates they placed at risk apprise letter or be fired. I also would like to be paid \$15,000.00 for being put at risk repeatedly.

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Claim 5

I would like an apprise from the medical provider and for him to be suspended without pay for 15 days and to be given a dental appointment as well as one for my arm, back and blood issue.

Injuries

For claims #'s 1, 2, 3,  
 I suffered a seizure which caused me  
 to fall off a top bunk. Which caused me  
 to injure my mouth/teeth/ Light sensitivity,  
 Headaches, Mistrusts, Right Shoulder has  
 little to no range of motion, little to no  
 feeling in my right arm, My finger has  
 bone issues, I urinate blood, and I have  
 this ringing in my ears. The back pain I  
 have from this.

Claims #4

I had marks on my face, cause more  
 shoulder pain, Embarrassment, emotional  
 pain

Claims #5, 6, 7

I was unable to type my appeal like the  
 court of appeals said so I was unable  
 to put in my part which I've been told  
 will be considered as me waiving my argument  
 so I'll lose.

Claim #8

I was stuck in a disciplinary unit only given  
 1 hour out a day of my cell. Stoping me from  
 being out all day or having a hearing.

Claim #3

I ~~have~~ am still having the range of motion issues, still having sharp pains whenever I eat, drink or have air hit the back of my mouth, still having migraines, still having a light sensitivity issue. I am also still unable to have any feelings in my arm and still have the issue with urine in my bladder.

Claim #4

This put me as well as others at a repeated risk to injure ourselves and items hurt really bad.

The only medical treatment I ~~received~~ got was a prescription for nerve pain and I got my seizure meds. I never got the X-ray that the provider requested, The oral sex, To see a dentist, I still have not had my back or blood issue examined.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. If the evidence shows that you did not fully comply with an available prison grievance process before filing this lawsuit, the Court may dismiss the unexhausted claim(s) or grant judgment against you.

**VIII. Previous Lawsuits**

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner) (Mod 7/19)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition.

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

OHIS MAYS

Sherburne county Jail

2. Court (if federal court, name the district; if state court, name the county and State)

United States district court for Minnesota

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner) (Mod 7/19)

3. Docket or index number

UNKNOWN

4. Name of Judge assigned to your case

UNKNOWN

5. Approximate date of filing lawsuit

UNKNOWN 2020 or 2019

6. Is the case still pending?

☒ Yes☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Still ~~on~~ on going**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9-2-21

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner) (Mod 7/19)

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Oliver Mays  
OLIVER MAYS  
~~000000000000~~ 21013  
13880 BUSINESS CENTER DR.  
ELK RIVER MN 55330  
City State Zip Code

## B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

## DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares (or certifies, verifies, or states) under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. §1746. 18 U.S.C. §1621.

Executed at Sherburne County Jail on 9-8-21  
(Location) (Date)

Oliver Mays  
 Original Signature of Plaintiff)

**Page Belcher  
Federal Building  
333 W. 4th Street,  
Room 411  
Tulsa, OK 74103**

Please use the following address to ensure mailings are delivered:

United States Courthouse  
200 NW 4th St. STE 1210  
Oklahoma City, OK 73102

**THE SUITE NUMBER MUST BE INCLUDED FOR DELIVERY**

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF OKLAHOMA**

[www.okwd.uscourts.gov](http://www.okwd.uscourts.gov)

**CARMELITA REEDER SHINN**

CLERK OF COURT

**WILLIAM N. PIGOTT, JR.**

CHIEF DEPUTY CLERK

200 N.W. 4<sup>th</sup> Street, Room 1210

Oklahoma City, OK 73102

(405) 609-5000 Fax (405) 609-5099

Page Belcher Federal Building  
333 W. 4th Street,  
Room 411  
Tulsa, OK 74103  
Phone 918.699.4700  
RE:

To Whom It May Concern:

The enclosed misdirected document was received in our court on September 20, 2021.  
We are forwarding it to your court for filing.

Sincerely,

CARMELITA REEDER SHINN, COURT CLERK

by: s/ Damon Beasley  
Operations Supervisor

OFFICE OF THE CLERK  
WILLIAM J. HOLLOWAY, JR. UNITED STATES DISTRICT COURTHOUSE  
WESTERN DISTRICT OF OKLAHOMA  
200 N.W. 4TH STREET  
OKLAHOMA CITY, OKLAHOMA 73102-3092

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SEP 29 2021

Mark C. McCort, Clerk  
U.S. DISTRICT COURT

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CARMELO J. ... ER SHIN  
CLERK, U.S. DISTRICT COURT  
BY \_\_\_\_\_  
DEPUTY